

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics, Subcommittee on Populations.

*Times and Dates:* 9:00 a.m.–5:00 p.m., July 14, 1998; 9:00 a.m.–5:00 p.m., July 15, 1998.

*Place:* Room 705A, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

*Status:* Open.

*Purpose:* The Subcommittee on Populations will hold a two-day public meeting to assess the health data needs in the Pacific insular areas, Puerto Rico, and the Virgin Islands. The Subcommittee will examine the relations between these areas and the Federal government with regard to the current status of health data collection, analysis, and utilization, including the adequacy of available health data and statistics, as well as health information systems for assessing population health needs and health service requirements, examining the results of Federal public health spending, and documenting Healthy People objectives. The Subcommittee intends to examine impediments to improving health data collection and use in Pacific insular areas, Puerto Rico, and the Virgin Islands; learn about any special considerations involving privacy and confidentiality; identify the most critical areas where health data gathering capabilities are undeveloped but essential; and develop recommendations for improving health information systems. Participants are expected to include representatives from the Pacific insular areas, Puerto Rico and the Virgin Islands, as well as representatives from HHS agencies which administer programs in these areas, and other invited federal officials.

*For Further Information Contact:* Substantive information about the Committee as well as a roster of Committee members may be obtained from James Scanlon,

NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 440–D, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201, telephone (202) 690–7100, or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, MD 20782, telephone 301/436–7050. Additional information about the full Committee is available on the NCVHS website, where the tentative agenda for the Subcommittee meeting will also be posted when available: <http://aspe.os.dhhs.gov/ncvhs>

Dated: June 26, 1998.

**James Scanlon,**  
*Director, Division of Data Policy.*  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–17–98]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

**Proposed Projects**

1. Project Intensive Care Antimicrobial Resistance Epidemiology (ICARE), Phase 3—Reinstatement—The

Hospital Infections Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention, is proposing a study to investigate the relationship between use of antimicrobial agents and the incidence of antimicrobial resistance at 40 U.S. hospitals. The proposed Phase 3 study of Project ICARE will be very similar to Phase 2 ICARE with minor revisions. We hope to enroll 40 hospitals and address many confounding factors of antimicrobial resistance. In addition, these hospitals will serve as a sentinel surveillance system for different antimicrobial resistant pathogens, such as vancomycin resistant staphylococci. About half of the hospitals have participated in Phase 2 of Project ICARE. Participating hospitals will all be active participants of the CDC's National Nosocomial Infections Surveillance (NNIS) system. Phase 3 of Project ICARE is a refinement of the Phase 2 study and will allow interhospital comparison of data (i.e., sending interim reports back to study hospitals) facilitated by incorporating differences in culturing frequency, case-mix by ICU type and speciality wards (i.e., internal organization), barrier precautions, and prescribing practice policies. Phase 3 will also allow for valid comparison of attempts at reducing antimicrobial resistance in study hospitals (i.e., publish results of interventions to reduce antimicrobials resistance at study hospitals). Also, key parameters of antimicrobial use could be correlated with antimicrobial resistance levels and tracked through the hospital's quality improvement indicator process, pharmacy and therapeutics committee, or medical staff. Unnecessary use of antimicrobials may be reduced by these efforts if the information can be provided to hospitals. The total annual burden hours are 6,160.

Form name	Number of re-spondents	No. responses/re-spondent	Avg. burden/re-sponse (in hrs.)	Total burden (in hrs.)
Primary contact .....	40	12	1	480
Pharmacy .....	40	48 (median)	2.0	3,840
Microbiology .....	40	60 (median)	0.5	1,200
Isolates .....	40	80 (maximum)	0.20	640

2. 1999 and 2001 National School-Based Youth Risk Behavior Surveys—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)—Reinstatement—The purpose of this request is to renew OMB clearance for a biennial, national, youth risk behavior survey. This ongoing

biennial survey is administered to students attending regular public, private, and Catholic schools in grades 9–12. The survey addresses priority health risk behaviors related to the major preventable causes of mortality, morbidity, and social problems among both youth and adults in the U.S.

Previous OMB clearance for these surveys expired in October of 1997 (OMB No. 1920–0258, expiration 10/97). OMB clearance for a similar survey conducted among alternative school students will expire in December of 1998 (OMB No. 0920–0416, expiration 12/31/98). Data on the health risk